

<i>SERFF Tracking Number:</i>	<i>LCNC-127040336</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Life and Annuity Company of New York</i>	<i>State Tracking Number:</i>	<i>48332</i>
<i>Company Tracking Number:</i>	<i>LFF10009 - LLANY</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Avocation Supplement LFF10009</i>		
<i>Project Name/Number:</i>	<i>Avocation Supplement/LFF10009</i>		

Filing at a Glance

Company: Lincoln Life and Annuity Company of New York

Product Name: Avocation Supplement
LFF10009

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: LFF10009 - LLANY

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Beth Scekeres, Anabela

Disposition Date: 03/29/2011

Tavares, Denise Tenney

Date Submitted: 03/24/2011

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Avocation Supplement

Project Number: LFF10009

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/29/2011

State Status Changed: 03/29/2011

Created By: Denise Tenney

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Beth Scekeres

Filing Description:

Lincoln Life & Annuity Company of New York

NAIC# 107-62057, FEIN # 22-0832760

Re: NEW SUBMISSION

Re. Individual Life Application Form

LFF10009 Avocation and Sports Supplement

SERFF Tracking Number: LCNC-127040336 State: Arkansas
Filing Company: Lincoln Life and Annuity Company of New York State Tracking Number: 48332
Company Tracking Number: LFF10009 - LLANY
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Avocation Supplement LFF10009
Project Name/Number: Avocation Supplement/LFF10009

The attached supplement is a new form and is not intended to replace any previously approved forms.

Upon approval, this supplement will be used in applying for our individual life insurance products sold by properly licensed agents/representatives. The supplement will be used in conjunction with the Application for Life Insurance (Part I) LFF06321, which was approved on 6/16/2008 under SERFF number JEPL-125673253, when additional information is required, as applicable, and will constitute a part of the application for life insurance.

We have bracketed several items within the form as variable information to allow for flexibility in the content of the form. These items include: company names, the Service Office addresses and form page number references. This form is a multi-company form. In the event that one of our underwriting companies referenced in the form chooses to stop using a form, it is our intent to remove the company name from the form without re-filing the form. As the form is multi-company, we are submitting filings similar to this one for each of the companies listed on the form. It is our understanding that changes to the bracketed items for new issues will not require a new filing of this form. We confirm that the brackets will not actually appear on the form at issue.

The form appears in final printed format. Upon approval, we reserve the right to change the format of a form without altering the approved language, though it is possible page numbers may change.

We reserve the right to have this supplement completed using a telephone application process and also to make this form available electronically subject to compliance with the Uniform Electronic Transactions Act, and to the extent applicable, the Federal ESIGN Act.

Appended to the previously approved base application LFF06321, the form received the following Flesch score: 50.00. This filing has been submitted concurrently to our Home State of Indiana and is pending approval. If applicable, the appropriate certifications, transmittals, checklists and filing fees are included. This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards. To the best of our knowledge and belief, this form complies with all the applicable laws and regulations of your state.

Thank you for your attention to this filing. Please do not hesitate to contact me if you require any additional information that may assist with your review.

Company and Contact

Filing Contact Information

Beth Scekerez, Contract Analyst
350 Church Street
MPM1
Hartford, CT 06103-1106

Beth.Scekerez@lfg.com
860-466-1962 [Phone]
860-466-1348 [FAX]

SERFF Tracking Number: LCNC-127040336 State: Arkansas
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Product Name: Avocation Supplement LFF10009
Project Name/Number: Avocation Supplement/LFF10009

Filing Company Information

Lincoln Life and Annuity Company of New York CoCode: 62057 State of Domicile: New York
350 Church Street Group Code: 107 Company Type: Life
Hartford, CT 06103 Group Name: State ID Number:
(800) 238-6252 ext. [Phone] FEIN Number: 22-0832760

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Life and Annuity Company of New York	\$50.00	03/24/2011	45937805

SERFF Tracking Number:	LCNC-127040336	State:	Arkansas
Filing Company:	Lincoln Life and Annuity Company of New York	State Tracking Number:	48332
Company Tracking Number:	LFF10009 - LLANY		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Avocation Supplement LFF10009		
Project Name/Number:	Avocation Supplement/LFF10009		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/29/2011	03/29/2011

<i>SERFF Tracking Number:</i>	<i>LCNC-127040336</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Avocation Supplement/LFF10009</i>		

Disposition

Disposition Date: 03/29/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>LCNC-127040336</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Avocation and Sports Supplement		Yes

SERFF Tracking Number: LCNC-127040336 State: Arkansas

Filing Company: Lincoln Life and Annuity Company of New York State Tracking Number: 48332

Company Tracking Number: LFF10009 - LLANY

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Avocation Supplement LFF10009

Project Name/Number: Avocation Supplement/LFF10009

Form Schedule

Lead Form Number: LFF10009

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LFF10009	Application/ Avocation and Sports Enrollment Supplement Form	Initial		50.000	LFF10009 w brackets.pdf



Please check appropriate underwriting company:

- ☐ [The Lincoln National Life Insurance Company, Service Office: PO Box 21008, Greensboro, NC 27420-1008]
☐ [Lincoln Life & Annuity Company of New York, Service Office: PO Box 21008, Greensboro, NC 27420-1008]
☐ [First Penn-Pacific Life Insurance Company, Service Office: PO Box 21008, Greensboro, NC 27420-1008]
(hereinafter referred to as "the Company")

AVOCATION AND SPORTS SUPPLEMENT (Do Not Use for Aviation)

Answer questions with as much detail as possible.

Proposed Insured (please print name) _____ Date of Birth (mm/dd/yy) _____

SECTION I - DIVING

1. Are you a certified diver? ☐ Yes ☐ No 2. Are you a member of an organized club? ☐ Yes ☐ No
3. Are you classified as a ☐ Professional ☐ Instructor ☐ Amateur 4. How many years have you participated in underwater diving? _____
5. What are the locations of diving activities? (i.e., lakes, rivers, oceans, deep sea, caves, ice diving)? _____
6. Do you dive alone? ☐ Yes ☐ No 7. If "Yes", please provide details as to frequency, depth and average time _____
8. Indicate what countries you dive in _____
9. Complete the following table

Frequency and depth	Last 12 Months		Expected Next 12 Months	
	Number	Average Duration Per Dive	Number	Average Duration Per Dive
0 to 100 Feet				
101 to 130 Feet				
131 to 150 Feet				
Over 150 Feet				

SECTION II - MOUNTAIN CLIMBING

10. Indicate type of climbing (i.e. rock, trail, ice, artificial climbing wall, scrambling, bouldering) _____
11. Indicate all locations where climbed (i.e., state, country, mountain) _____
12. Indicate Maximum height climbed _____
13. Indicate equipment used _____
14. Indicate degree of difficulty (easy, moderate, difficult, severe). Indicate grading system (UIAA, UK, YDS) and maximum technical grade. _____
15. Complete the following table

Number of Climbs	12 to 24 Months Ago	Last 12 Months	Est. Next 12 Months	Average Days Per Trip

SECTION III - AERIAL SPORTS

Choose the avocation from the list below

- ☐ Parasailing and parascending ☐ Hang-gliding / Parachuting (excluding BASE jumping), skydiving and sky surfing

Choose one of the following: ☐ Stunt person ☐ Instructor ☐ Amateur ☐ Other professional

If hang-gliding, complete the following questions

- Is it a powered or paramotor hang-glider? ☐ Yes ☐ No
- Record attempts? ☐ Yes ☐ No

16. Are you a member of a club associated with your sport? ☐ Yes ☐ No If "Yes", please specify _____
17. Choose usual location ☐ Over land ☐ Over cliffs and ridges ☐ Over water
18. Have you ever or do you plan to do any experimental jumping or delayed chute openings? ☐ Yes ☐ No If "Yes", please provide details _____

19. Complete the following table regarding the number of flights or jumps

12 to 24 Months Ago	Last 12 Months	Est. Next 12 Months	Total Number to Date

SECTION IV - MOTOR SPORT RACING

20. Under what sanctioning body do you normally compete? (AMA, NHRA, USAC, etc.) _____
21. Indicate make and model of each vehicle including horsepower and displacement and any special equipment _____
22. Indicate locations where vehicle is raced including track type _____

Choose the Motor Racing Classification from the list below:

<input type="checkbox"/> ARCA	<input type="checkbox"/> ASA	<input type="checkbox"/> Auto Crash	<input type="checkbox"/> Autocross	<input type="checkbox"/> Indy/Formula1	<input type="checkbox"/> Demolition Derby	<input type="checkbox"/> Drift Racing
<input type="checkbox"/> Drag Racing - <i>indicate type</i>				<input type="checkbox"/> IMSA - US Based Series - <i>indicate type</i>		
<input type="checkbox"/> Kart Racing - <i>indicate type</i>				<input type="checkbox"/> Midgets - <i>indicate type</i>		
<input type="checkbox"/> Modified - <i>indicate type</i>				<input type="checkbox"/> NASCAR - <i>indicate type</i>		
<input type="checkbox"/> Sand and Dune Buggy - <i>indicate type</i>				<input type="checkbox"/> Sprint Cars - <i>indicate type</i>		
<input type="checkbox"/> Sportscar Racing - <i>indicate type</i>				<input type="checkbox"/> Sportscar Vintage Racing - <i>indicate type</i>		

Choose the Boat Racing Classification from the list below:

<input type="checkbox"/> Offshore and Sportboat Racing	<input type="checkbox"/> Drag Racing
<input type="checkbox"/> Hydroplanes - <i>indicate type</i>	<input type="checkbox"/> Record Attempts

Choose the Motor Cycle Racing Classification from the list below:

<input type="checkbox"/> Dirt Track Racing	<input type="checkbox"/> Enduro Racing	<input type="checkbox"/> Hill Climbs	<input type="checkbox"/> Ice Racing
<input type="checkbox"/> Marshals	<input type="checkbox"/> Sand Racing	<input type="checkbox"/> Scooter and Moped Racing	<input type="checkbox"/> Speedway
<input type="checkbox"/> Spring Events	<input type="checkbox"/> Stunt Riding	<input type="checkbox"/> Trails Riding	<input type="checkbox"/> Trials
<input type="checkbox"/> Veteran and Vintage	<input type="checkbox"/> Supercross, Arenacross (both motorcycle and ATV)		
<input type="checkbox"/> Circuit Racing - <i>indicate type</i>		<input type="checkbox"/> International Events - <i>indicate type</i>	
<input type="checkbox"/> Drag Racing - <i>indicate type</i>		<input type="checkbox"/> Motocross - <i>indicate type</i>	

23. Complete the following table for all forms of racing

Frequency	1-2 Years Ago		Last 12 Months				Contemplated Next 12 Months	
	Number of Races	Total Miles	Number of Races	Total Miles	Average Distance of Each Race	Fastest Speed Attained	Number of Races	Total Miles
Automobile								
Motorcycle								
Boat								
Other _____								

SECTION V - ADDITIONAL DETAILS OR OTHER AVOCATIONS NOT COVERED IN THE SUPPLEMENT

24. Provide details regarding any other hazardous avocations including rodeo sports, boxing, equine sports, extreme sports, etc. Also use this space for any additional details for avocations listed in any of the sections of this supplement. (Please specify to which question numbers details pertain, as applicable, and if more space is required, use the "Continuation of Details Supplement.")

I have read, or have had read to me the completed Avocation and Sports Supplement before signing below. All statements and answers in this supplement are correctly recorded and are full, complete and true. I agree that this Avocation and Sports Supplement constitutes a part of my application for insurance. I understand that any false statements or material misrepresentations may result in the loss of coverage under the policy.

Signed in _____, this _____ day of _____ (state) (month) (year)

Signature of Proposed Insured or Parent/Legal Guardian if Proposed Insured is a minor child

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
AR_LLANY_Readability.pdf		

	Item Status:	Status
		Date:
Satisfied - Item:	Application	
Comments:		
The application is attached to the Form Schedule tab and being filed for review and approval.		

Arkansas

READABILITY CERTIFICATION

Lincoln Life & Annuity Company of New York

Re: LFF10009 – Avocation and Sports Supplement

We hereby certify that the attached Form(s) is (are) in compliance with the Rules and Regulation requirements regarding Life, Annuities, and Accident and Sickness Insurance Language Simplification Standards and has (have) achieved a Flesch Reading Ease score of:

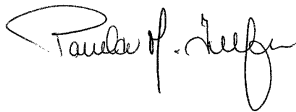
Form Number:

LFF10009

with previously approved reinstatement application LFF06363

Flesch:

50.00



Pamela M. Telfer, Vice President
Product Compliance and State Filings

Date: 3/24/2011